HARTFORD HEALTHCARE CENTER 1202 EAST SUMNER STREET

HARTFORD		5	302	7	Phone:	(262)	2) 673-2220
Operated	from	1/1	То	12/31	Days	of	Operation:

Ownership: Corporation Skilled n: 365 Highest Level License: Operate in Conjunction with Hospital?

No Operate in Conjunction with CBRF?

No Operate in Conjunction with CBRF?

No Title 18 (Medicare) Certified?

Yes

Total Licensed Bed Capacity (12/31/03):

106 Title 19 (Medicaid) Certified?

Yes Number of Residents on 12/31/03: 85 Average Daily Census: 82

		-		(12/31/03)	Length of Stay (12/31/03)	양
No	Primary Diagnosis			용		14.1
No						34.1
No		0.0	Under 65	4.7	More Than 4 Years	21.2
No	Mental Illness (Org./Psy)	36.5	65 - 74	12.9		
No	Mental Illness (Other)	16.5	75 - 84	36.5		69.4
No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.3	* * * * * * * * * * * * * * * * * * *	*****
No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.6	Full-Time Equivalent	
No	Cancer	3.5			Nursing Staff per 100 Res	idents
No	Fractures	3.5				
No	Cardiovascular	4.7	65 & Over	95.3		
No	Cerebrovascular	22.4			RNs	12.4
No	Diabetes	0.0	Gender	용	LPNs	14.0
No	Respiratory	4.7			Nursing Assistants,	
	Other Medical Conditions	8.2	Male	23.5	Aides, & Orderlies	40.6
No	[Female	76.5	I	
	1	100.0			I	
No	1		l	100.0	I	
	No N	No Primary Diagnosis No No Developmental Disabilities No Mental Illness (Org./Psy) No Mental Illness (Other) No Alcohol & Other Drug Abuse No Para-, Quadra-, Hemiplegic No Cancer No Fractures No Cardiovascular No Cerebrovascular No Diabetes No Respiratory Other Medical Conditions No	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis

Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay			amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	16	100.0	330	56	96.6	126	0	0.0	0	10	100.0	158	0	0.0	0	1	100.0	652	83	97.6
Intermediate				2	3.4	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		58	100.0		0	0.0		10	100.0		0	0.0		1	100.0		85	100.0

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HARTFORD HEALTHCARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/03
Deaths During Reporting Period							
		I			% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.4	Bathing	3.5		56.5	40.0	85
Other Nursing Homes	4.2		5.9		72.9	21.2	85
Acute Care Hospitals	87.3	Transferring	15.3		69.4	15.3	85
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.4		72.9	17.6	85
Rehabilitation Hospitals	0.0	Eating	40.0		49.4	10.6	85
Other Locations	3.4	*******	******	*****	******	******	*****
Total Number of Admissions	118	Continence		용	Special Treatm	ents	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	7.1	Receiving Re	spiratory Care	14.1
Private Home/No Home Health	13.0	Occ/Freq. Incontinen	t of Bladder	61.2	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	26.1		t of Bowel	45.9	Receiving Su	ctioning	0.0
Other Nursing Homes	3.5				Receiving Os	tomy Care	2.4
Acute Care Hospitals	8.7	Mobility			Receiving Tu	be Feeding	1.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Me	chanically Altered Diets	s 15.3
Rehabilitation Hospitals	0.0						
Other Locations	5.2	Skin Care			Other Resident	Characteristics	
Deaths	43.5	With Pressure Sores		9.4	Have Advance	Directives	100.0
Total Number of Discharges		With Rashes		10.6	Medications		
(Including Deaths)	115				Receiving Ps	ychoactive Drugs	65.9

*************	*****	****	*****	*****	****	*****	****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietarv	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	96	용	Ratio	용	Ratio	용	Ratio	왕	Ratio
Occumency Potes Average Pails Concyc/Licensed Peda	77.0	84.7	0.91	87.0	0.89	86.6	0.89	87.4	0.88
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	62.4	81.8	0.76	86.4	0.72	84.5	0.74	76.7	0.81
Admissions from In-County, Still Residing	21.2	17.7	1.20	18.9	1.12	20.3	1.04	19.6	1.08
Admissions/Average Daily Census	143.9	178.7	0.81	166.7	0.86	157.3	0.92	141.3	1.02
Discharges/Average Daily Census	140.2	180.9	0.78	170.6	0.82	159.9	0.88	142.5	0.98
Discharges To Private Residence/Average Daily Census	54.9	74.3	0.74	69.1	0.79	60.3	0.91	61.6	0.89
Residents Receiving Skilled Care	97.6	93.6	1.04	94.6	1.03	93.5	1.04	88.1	1.11
Residents Aged 65 and Older	95.3	84.8	1.12	91.3	1.04	90.8	1.05	87.8	1.09
Title 19 (Medicaid) Funded Residents	68.2	64.1	1.06	58.7	1.16	58.2	1.17	65.9	1.04
Private Pay Funded Residents	11.8	13.4	0.88	22.4	0.52	23.4	0.50	21.0	0.56
Developmentally Disabled Residents	0.0	1.1	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	52.9	32.2	1.65	34.3	1.54	33.5	1.58	33.6	1.58
General Medical Service Residents	8.2	20.8	0.40	21.0	0.39	21.4	0.39	20.6	0.40
Impaired ADL (Mean)	53.2	51.8	1.03	53.1	1.00	51.8	1.03	49.4	1.08
Psychological Problems	65.9	59.4	1.11	60.0	1.10	60.6	1.09	57.4	1.15
Nursing Care Required (Mean)	6.6	7.4	0.90	7.2	0.92	7.3	0.91	7.3	0.90